# FORM D

# UNITED STATES / C SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMR Number: 3235-0076

Expires: April 30, 2008 Estimated average burden Hours per response....16.00

OMR APPROVAL



#### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION



## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Name of Offering ( check if this is an amendment and name has changed, and indicate change)  NGTV Private Placement							
Filing Under (Check box(es) that apply):   Rule 504 Rule 505 Rule 506	Section	n 4(6) 🔲 ULOE					
Type of Filing: New Filing  Amendment-Final							
A. BASIC IDENTIFICATION DATA							
Enter the information requested about the issuer							
Name of Issuer ( check if this is an amendment and name has changed, and indicate change)  NGTV							
Address of Executive Offices (Number and Street, City, State, Zip Code)		Telephone Number					
9944 SANTA MONICA BLVD., PROC BEVERLY HILLS, CA 90212	essed	(310) 556-8600					
Address of Principal Business Operations (Number and Street, City, State, Zip Code) SEP 18 2005 Telephone Number (if different from Executive Offices)							
Brief Description of Business  Entertainment/Media  THOMSON  FINANCIAL							
Type of Business Organization							
☐ corporation ☐ limited partnership, already formed ☐ other (please specify): limited liability company							
business trust limited partnership, to be formed							
Actual or Estimated Date of Incorporation or Organization:    Month   Year							
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:							
CN for Canada; FN for other foreign jurisdiction)	С	A					

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to this notice constitutes a part of this notice and must be completed.



	A	BASIC IDENTIFIC	CATION	N DATA				
2. Enter the information requ	ested for the following	ıg:						
• Each promoter of the	• Each promoter of the issuer, if the issuer has been organized within the past five years;							
Each executive office	er and director of corp	orate issuers and of co	rporate g	general and ma	anagin	g partners o	f partı	nership issuers; and
<ul> <li>Each general and man</li> </ul>	naging partner of parti	nership issuers.						
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer	$\boxtimes$	Director		General and/or Managing Partner
Full Name (Last name first, if	individual)							
SIMMONS, GENE								
Business or Residence Address	s (Number and Street,	City, State, Zip Code	)	· · · · · · · · · · · · · · · · · · ·				
9944 SANTA MONICA BL	,	• • •	,					
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer	$\boxtimes$	Director		General and/or Managing Partner
Full Name (Last name first, if	individual)						******	
CAFARO, AL								
Business or Residence Address	s (Number and Street,	City, State, Zip Code	)			····		
9944 SANTA MONICA BL	•	· · · · · · · · · · · · · · · · · · ·						
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer	$\boxtimes$	Director		General and/or Managing Partner
Full Name (Last name first, if	individual)							
TAJ, KOUROSH								
Business or Residence Address	s (Number and Street,	City, State, Zip Code	)					
9944 SANTA MONICA BL	VD., BEVERLY H	ILLS, CA 90212						
Check Box(es) that Apply:	Promoter	Beneficial Owner	_	Executive Officer	$\boxtimes$	Director		General and/or Managing Partner
Full Name (Last name first, if	individual)							
VIR, JAY								
Business or Residence Address	s (Number and Street,	City, State, Zip Code	)					
9944 SANTA MONICA BL	•	• • • •	,					
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)		_					AP
DAVID, RICHARD								
Business or Residence Address	s (Number and Street,	City, State, Zip Code	)	1./819				······································
9944 SANTA MONICA BLVD., BEVERLY HILLS, CA 90212								
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner		Executive Officer	$\boxtimes$	Director		General and/or Managing Partner
Full Name (Last name first, if	individual)							
ABRAMSON, RICHARD								
Business or Residence Address	(Number and Street,	City, State, Zip Code	)	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·
9944 SANTA MONICA BLVD., BEVERLY HILLS, CA 90212								
	(Use blank sheet. or	copy and use additions	al copies	of this sheet.	as nec	essary)		

Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner						
Full Name (Last name first, if individual)											
BARNETT, TROY											
Business or Residence Address (Number and Street, City, State, Zip Code)  9944 SANTA MONICA BLVD., BEVERLY HILLS, CA 90212											
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	☐ General and/or Managing Partner						
Full Name (Last name first, if	individual)										
DOVIGI, PATRICK											
Business or Residence Addres 9944 SANTA MONICA BI	•										
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner						
Full Name (Last name first, if	individual)										
SUESS, GREG											
Business or Residence Addres 9944 SANTA MONICA BI	•			<del>.</del>							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner						
Full Name (Last name first, if	individual)										
Business or Residence Address	ss (Number and Street	, City, State, Zip Code)									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, if	individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)											
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, if	individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)											
	(Use blank sheet, or	copy and use additiona	l copies of this sheet,	as necessary)							

				В. 1	NFORMA	TION ABO	OUT OFFI	ERING				
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE								Yes	No ⊠			
2. What is the minimum investment that will be accepted from any individual?									\$250,000			
										Yes	No	
3. Does the offering permit joint ownership of a single unit?										$\boxtimes$		
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.									; •			
Full Na	me (Last na	me first, if	individual)			· 55						
Capital	Growth Fi	inancial, In	ıc									
Busines	s or Reside	nce Addres	s (Number a	and Street,	City, State,	Zip Code)					<u></u>	
	Mizner Bl			laton, Flor	rida 33432							
Name o	f Associate	Broker of	Dealer									
States in	Which Per	son Listed	Has Solicit	ed or Inten	ds to Solici	t Purchasers	s					···
(Check	c "All States	s" or check	individual :	States)			••••••					All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] _[TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] <b>X</b> [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Na	me (Last na	me first, if	individual)			<del></del>		-				
S.W. B	ach & Com	pany										
Busines	s or Reside	nce Addres	s (Number a	and Street,	City, State,	Zip Code)						
	or Park Dr			, New Yor	k 11050							
Name o	f Associate	d Broker or	Dealer							•		
States in	Which Per	son Listed	Has Solicit	ed or Inten	ds to Solici	t Purchasers	s		<u> </u>			
(Checl	c "All States	s" or check	individual !	States)			•••••					All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] <b>X</b> [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Na	me (Last na	me first, if	individual)								,	
Busines	s or Reside	nce Addres	s (Number a	and Street,	City, State,	Zip Code)						
Name o	f Associated	d Broker or	Dealer								<del></del>	
States in	Which Per	son Listed	Has Solicit	ed or Inten	ds to Solici	t Purchasers	s					
(Check	c "All States	s" or check	individual :	States)								All States
[AL] [IL] [MT]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	SE O	F PROCEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	_	Aggregate Offering Price	A	mount Already Sold
	Type of Security  Debt Units consisting of a Note and Warrants	\$	3,500,000	\$	3,500,000
	Equity	\$	0	\$	0
	Common Preferred (see below, Convertible Securities)	Ψ		Ů	
Co	onvertible Securities:	\$	0	\$	0
	Partnership Interests	\$	0	\$	0
	Other (Specify). Warrants 1	\$	0	\$	0
	Total	\$	3,500,000	\$	3,500,000
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if the answer is "none" or "zero."				
			Number Investors		Aggregate  Oollar Amount  Of Purchases
	Accredited Investors		3	\$	3,500,000
	Non-accredited Investors		0	\$	0
	Total (for filings under Rule 504 only)		0	\$	0
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.				
	Type of offering		Type of	Ι	Oollar Amount
	Rule 505		Security		Sold
	Regulation A				
	Rule 504				<u> </u>
	Total		******		
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees	· · · · · · · ·		\$	0
	Printing and Engraving Costs			\$	0
	Legal Fees (for issuer's counsel)		$\boxtimes$	\$	5,000
	Accounting Fees			\$	0

0

420,000

Engineering Fees.

Sales Commissions (specify finders' fees separately)(if placement agents are engaged)

Warrants to purchase \$3,500,000 shares of the Company's Common Stock at an exercise price equal to (1) two-thirds of the per unit price in the Company's initial public offering ("IPO") of the Company's Common Stock, if the Company's IPO occurs before August 13, 2006 or (2) one-half of the per unit price in the Company's IPO if the Company's IPO occurs on or after August 13, 2006.

Other Expenses (identity) – Investor's Counsel Fees					Ш	\$ <u> </u>	0
Total			• • • • • • • • • • • • • • • • • • • •			<sup>\$</sup> _	425,000
C. OFFERING PRICE, NUMBER OF INVESTOR	RS. EXPENSES	SAND	USE	OF PROCE	EDS		
o. or printed in the	,		0.2.2				
b. Enter the difference between the aggregate offering price given in a total expenses furnished in response to Part C – Question 4.a. This difference to the issuer."	erence is the "ad	justed	gross	proceeds	\$	S _	3,075,000
5. Indicate below the amount of the adjusted gross proceeds to the issuer us the purposes shown. If the amount for any purpose is not known, furn the left of the estimate. The total of the payments listed must equal the set forth in response to Part C – Question 4.b. above.	ish an estimate	and ch	eck t	he box to			
			Di	yments to Officers, rectors & Affiliates		Payr Othe	ments To
Salaries and fees			\$	0		\$	0
Purchase of real estate			\$	0		\$	0
Purchase, rental or leasing and installation of machinery and equipment			\$	0		\$	0
Construction or leasing of plant buildings and facilities			\$	0		\$	0
Acquisition of other businesses (including the value of securities involved in Offering that may be used in exchange for the assets or securities of another pursuant to a merger)	issuer		\$ \$	0		\$ \$	0
Working capital (includes product licensing and advertising and marketing)			\$	0	Ø	\$	3,075,000
Other (specify):					_		
Column Totals			\$	0		\$ \$ \$	3,075,000 3,075,000
D. FEDERAL SIG	GNATURE						
The issuer has duly caused this notice to be signed by the undersigned of following signature constitutes an undertaking by the issuer to furnish to the of its staff, the information furnished by the issuer to any non-accredited investigation.	ne U.S. Securiti	es and	Exch	ange Commis	ssion, ı		
Issuer (Print or Type) NGTV	Signature	$\mathbb{Z}$	人			Date Augu	ust, 2006
Name of Signer (Print or Type)	Title of Signer (	Print c	r Typ	e)			
	PRESIDENT						
			-				

# ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001)

	E. STATE SIGNATURE					
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No ⊠			
	See Appendix, Column 5, for state response.					
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a D (17 CFR 239.500) at such times as required by state law.	notice on	Form			
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnish to offerees.	ed by the i	ssuer			
4.	1. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.					
	ne issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on indersigned duly authorized person.	ts behalf b	y the			

Date

August \_\_\_\_, 2006

# Name of Signer (Print or Type) JAY VIR Title of Signer (Print or Type) PRESIDENT

Signature

## Instruction:

NGTV

Issuer (Print or Type)

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.